CHAPTER 2
SECTION 2.4

DATA REQUIREMENTS - INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (A - D)

DATA ELEMENT DEFINITION

ELEMENT NAME:	ADJUSTMENT/DENIAL REASON CODE		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-400	Up to 450	Yes[1]
Non-Institutional	2-220	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	Code identifying the reason for non-payment of services or adjustment of the detail line item.
CODE/VALUE SPECIFICATIONS	Turn to Chapter 2, Addendum H for a complete listing of valid codes.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Required if services are not allowed. Leave blank if not applicable.

DATA ELEMENT DEFINITION

ELEMENT NAME:	ADJUSTMENT KEY

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-035	1	Yes
Non-Institutional	2-035	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	1. If record is an initial TED record or adjustment to an initial TED record, used to identify the TED financial type of record, or
	2. If record is an adjustment to a non-TED initial/adjustment record, contractor **MUST** submit the entire ICN for the adjusted Non-TED Record

CODE/VALUE SPECIFICATIONS	1.	TED financial type codes are:
	0	Batch
	5	Voucher
	2.	This value must be the same value as the HCSR suffix present on the original submission.

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	INTERNAL CONTROL NUMBER

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	ADMINISTRATIVE CLIN

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-283	3	Yes[1]
Non-Institutional	2-108	3	Yes[1]

PRIMARY PICTURE (FORMAT)	Three occurrences of six (6) alphanumeric characters.
DEFINITION	Request for government administrative fee. Must be provided by contractor.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] Can report from 1 to 3 CLINs, left justify and blank fill. Do not duplicate. Each occurrence consists of six (6) characters.

NOTE: Identifies the Contract Line Item Number (CLIN) on the contract for which the contractor is requesting an administrative fee payment.

NOTE: Administrative CLIN cannot change on an adjustment if the Admin Rate has been paid.

Data Element Definition

ELEMENT NAME:	ADMISSION DATE

Records/Locator Numbers

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-265	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.
DEFINITION	Date the patient was first admitted to the institution for this episode.

CODE/VALUE SPECIFICATIONS		
	YYYY	4 digit calendar year
	MM	2 digit calendar month
	DD	2 digit calendar day

ALGORITHM	N/A

Subordinate And/Or Group Elements

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

Dᴀᴛᴀ Eʟᴇᴍᴇɴᴛ Dᴇғɪɴɪᴛɪᴏɴ

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ:	Aᴅᴍɪssɪᴏɴ Dɪᴀɢɴᴏsɪs		

Rᴇᴄᴏʀᴅs/Lᴏᴄᴀᴛᴏʀ Nᴜᴍʙᴇʀs

Rᴇᴄᴏʀᴅ Nᴀᴍᴇ	Lᴏᴄᴀᴛᴏʀ#	Oᴄᴄᴜʀʀᴇɴᴄᴇs	Rᴇǫᴜɪʀᴇᴅ
Institutional	1-295	1	Yes

Pʀɪᴍᴀʀʏ Pɪᴄᴛᴜʀᴇ (Fᴏʀᴍᴀᴛ)	Six (6) alphanumeric digits.
Dᴇғɪɴɪᴛɪᴏɴ	ICD-9-CM Code to identify diagnosis under which patient was admitted to institution.
Cᴏᴅᴇ/Vᴀʟᴜᴇ Sᴘᴇᴄɪғɪᴄᴀᴛɪᴏɴs	Refer to Internal Classification of Diseases Clinical Modification Edition 9, Volume 1 for valid ICD-9-CM codes. Must code the most detailed subcategory or subclassification. Left justify including leading zeroes and blank fill. Do not fill with zeroes. Do not code the decimal point.
Aʟɢᴏʀɪᴛʜᴍ	N/A

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ Aɴᴅ/Oʀ Gʀᴏᴜᴘ Eʟᴇᴍᴇɴᴛs

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ	Gʀᴏᴜᴘ
N/A	N/A

Nᴏᴛᴇs Aɴᴅ Sᴘᴇᴄɪᴀʟ Iɴsᴛʀᴜᴄᴛɪᴏɴs:
The primary diagnosis may be coded in lieu of the admission diagnosis if the admission diagnosis is not available and is not needed to support a waiver of the CA/NAS requirement for an emergency admission.

D<small>ATA</small> E<small>LEMENT</small> D<small>EFINITION</small>

ELEMENT NAME:	AGR SERVICE LEGAL AUTHORITY CODE		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-065	1	Yes
Non-Institutional	2-056	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character
DEFINITION	The code that represents the source of the legal authority for Active Guard and Reserve. Download field from DEERS.

CODE/VALUE SPECIFICATIONS	A	AGR under 10 U.S.C. 10301 (reference (b))
	B	AGR under 10 U.S.C. 10211 (reference (b))
	C	AGR under 10 U.S.C. 12301 (d) (reference (b))
	D	AGR under 10 U.S.C. 12310 (reference (b))
	E	AGR under 10 U.S.C. 12501 (reference (b))
	F	AGR under 10 U.S.C. 3015/3019/ 8019 (reference (b))
	G	AGR under 10 U.S.C. 3033/8033 (reference (b))
	H	AGR under 10 U.S.C. 3496/8496 (reference (b))
	I	AGR: 14 U.S.C. 276
	J	AGR under 32 U.S.C. 502(f) (reference (m))
	K	AGR under 32 U.S.C. 503 (reference (m))
	L	AGR under 32 U.S.C. 708 (reference (m))
	X	AGR: Other
	Z	Unknown/Not Applicable

ALGORITHM	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report 'Z' in this field.
If person not on DEERS but claim is payable (i.e., government liability), report 'Z' in this field.

DATA ELEMENT DEFINITION
ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (CONTINUED)
SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If the DEERS response does not return an AGR SERVICE LEGAL AUTHORITY CODE, report 'Z' in this field.
If person not on DEERS but claim is payable (i.e., government liability), report 'Z' in this field.

Dᴀᴛᴀ Eʟᴇᴍᴇɴᴛ Dᴇғɪɴɪᴛɪᴏɴ

ELEMENT NAME:	AMBULATORY PAYMENT CLASSIFICATION CODE (APC)		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Non-Institutional	2-330	Up to 99	Yes[1]
PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.		
DEFINITION	Grouping that categorizes outpatient visits according to the clinical characteristics, the typical resource use, and the costs associated with the diagnoses and the procedures performed when paid under the Outpatient Prospective Payment System (OPPS).		
CODE/VALUE SPECIFICATIONS	Refer to the TRICARE Reimbursement Manual, Chapter 13, Addendum A. Must be left justified and blank filled.		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required on all TED records reimbursed under the Outpatient Prospective Payment System (OPPS).**

DATA ELEMENT DEFINITION

ELEMENT NAME:	AMOUNT ALLOWED (TOTAL)		
RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-125	1	Yes
PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.		
DEFINITION	Total amount allowed for all authorized services on the TED record. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, refer to Chapter 2, Section 1.1, paragraph 8.0.		
CODE/VALUE SPECIFICATIONS	N/A		
ALGORITHM	N/A		
SUBORDINATE AND/OR GROUP ELEMENTS			
SUBORDINATE		**GROUP**	
N/A		N/A	
NOTES AND SPECIAL INSTRUCTIONS: **N/A**			

Data Element Definition

ELEMENT NAME:	AMOUNT ALLOWED BY PROCEDURE CODE		

Records/Locator Numbers

Record Name	Locator#	Occurrences	Required
Non-Institutional	2-185	Up to 99	Yes[1]

Primary Picture (Format)	Nine (9) signed numeric digits including two (2) decimal places.
Definition	Total amount allowed for this (these) service(s)/ supply(ies).
Code/Value Specifications	N/A
Algorithm	N/A

Subordinate And/Or Group Elements

Subordinate	Group
N/A	N/A

Notes And Special Instructions:

[1] **If the procedure is denied this amount must be zero.**

Note: **For Mail Order Pharmacy Records the AMOUNT ALLOWED BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing costs) plus the acquisition cost of the drug or supply. It must be only the acquisition cost of the drug or supply on the 2nd occurrence/line item.**

Data Element Definition

ELEMENT NAME:	AMOUNT APPLIED TOWARD DEDUCTIBLE

Records/Locator Numbers

Record Name	Locator#	Occurrences	Required
Non-Institutional	2-195	Up to 99	Yes

Primary Picture (Format)	Five (5) signed numeric digits including two (2) decimal places.
Definition	Portion of Amount Allowed which is applied toward the patient or family deductible for the fiscal year on the TED Record.
Code/Value Specifications	N/A
Algorithm	N/A

Subordinate And/Or Group Elements

Subordinate	Group
N/A	N/A

Notes And Special Instructions:
This data element must be zero for Mail Order Pharmacy.

C-25, July 27, 2005

Data Element Definition

ELEMENT NAME:	AMOUNT BILLED (TOTAL)

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-120	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	Total amount billed for all services reported on the TED record. For reporting data relating to Resource Sharing and/or Capitated Treatment Encounters, refer to Chapter 2, Section 1.1, paragraph 8.0.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	Must be sum of all total charge per revenue code (institutional record) fields.

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	AMOUNT BILLED BY PROCEDURE CODE		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-180	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimals.
DEFINITION	Amount billed by the provider for this (these) service(s)/supply(ies).
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

For Mail Order Pharmacy Records the AMOUNT BILLED BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing costs). It must be $0.00 on the second occurrence/line item.

DATA ELEMENT DEFINITION

ELEMENT NAME:	AMOUNT INTEREST PAYMENT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-145	1	No
Non-Institutional	2-112	1	No

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	The interest field is used by the contractor to report/record any dollar amounts associated with the delivery of health care that could not otherwise be reported in existing TED records fields. This amount shall be reported on both financially underwritten and non-financially underwritten payments (batch/voucher). (Refer to TRICARE Operations Manual, Chapter 3, Section 2.)
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
This amount is not part of the AMOUNT PAID BY GOVERNMENT CONTRACTOR field. However, it is to be included in the TOTAL AMOUNT PAID field in the header record.

DATA ELEMENT DEFINITION

ELEMENT NAME:	AMOUNT PAID BY GOVERNMENT CONTRACTOR (TOTAL)

RECORDS/LOCATOR NUMBERS			
RECORD NAME	**LOCATOR#**	**OCCURRENCES**	**REQUIRED**
Institutional	1-140	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	Portion of total amount allowed that was paid by government contractor for all services reported on the TED Record.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	**GROUP**
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."**

NOTE: **THIS AMOUNT DOES NOT INCLUDE INTEREST PAYMENTS. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record.**

Dᴀᴛᴀ Eʟᴇᴍᴇɴᴛ Dᴇꜰɪɴɪᴛɪᴏɴ

ELEMENT NAME:	Aᴍᴏᴜɴᴛ Pᴀɪᴅ Bʏ Gᴏᴠᴇʀɴᴍᴇɴᴛ Cᴏɴᴛʀᴀᴄᴛᴏʀ Bʏ Pʀᴏᴄᴇᴅᴜʀᴇ Cᴏᴅᴇ		

Rᴇᴄᴏʀᴅs/Lᴏᴄᴀᴛᴏʀ Nᴜᴍʙᴇʀs

Rᴇᴄᴏʀᴅ Nᴀᴍᴇ	Lᴏᴄᴀᴛᴏʀ#	Oᴄᴄᴜʀʀᴇɴᴄᴇs	Rᴇǫᴜɪʀᴇᴅ
Non-Institutional	2-205	Up to 99	Yes[1]

Pʀɪᴍᴀʀʏ **P**ɪᴄᴛᴜʀᴇ **(F**ᴏʀᴍᴀᴛ**)**	Nine (9) signed numeric digits including two (2) decimal places.
Dᴇꜰɪɴɪᴛɪᴏɴ	Portion of amount allowed that was paid by government contractor for all services on this line item.
Cᴏᴅᴇ**/V**ᴀʟᴜᴇ **S**ᴘᴇᴄɪꜰɪᴄᴀᴛɪᴏɴs	N/A
Aʟɢᴏʀɪᴛʜᴍ	N/A

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ Aɴᴅ/Oʀ Gʀᴏᴜᴘ Eʟᴇᴍᴇɴᴛs

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ	Gʀᴏᴜᴘ
N/A	N/A

Nᴏᴛᴇs **A**ɴᴅ **S**ᴘᴇᴄɪᴀʟ **I**ɴsᴛʀᴜᴄᴛɪᴏɴs:
[1] **Reflects the total amount paid regardless of a provider's financial arrangement with the contractor, i.e., "withheld amounts."**

Nᴏᴛᴇ: **This amount does not include interest payments. The amount in this field will be included in the TOTAL AMOUNT PAID field in the header record.**

Nᴏᴛᴇ: **For Mail Order Pharmacy Records, the AMOUNT PAID BY GOVERNMENT CONTRACTOR BY PROCEDURE CODE on the first occurrence/line item must be the Administrative Fee (includes administrative and dispensing costs) plus the acquisition cost of the drug or supply minus the AMOUNT PATIENT COST-SHARE. It must be only the acquisition cost of the drug or supply on the 2nd occurrence/line item.**

Dᴀᴛᴀ Eʟᴇᴍᴇɴᴛ Dᴇꜰɪɴɪᴛɪᴏɴ

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ:	Aᴍᴏᴜɴᴛ Pᴀɪᴅ Bʏ Oᴛʜᴇʀ Hᴇᴀʟᴛʜ Iɴsᴜʀᴀɴᴄᴇ		
Rᴇᴄᴏʀᴅs/Lᴏᴄᴀᴛᴏʀ Nᴜᴍʙᴇʀs			
Rᴇᴄᴏʀᴅ Nᴀᴍᴇ	**Lᴏᴄᴀᴛᴏʀ#**	**Oᴄᴄᴜʀʀᴇɴᴄᴇs**	**Rᴇǫᴜɪʀᴇᴅ**
Institutional	1-130	1	Yes
Non-Institutional	2-190	Up to 99	Yes
Pʀɪᴍᴀʀʏ Pɪᴄᴛᴜʀᴇ (Fᴏʀᴍᴀᴛ)	Nine (9) signed numeric digits including two (2) decimal places.		
Dᴇꜰɪɴɪᴛɪᴏɴ	**Institutional**: Amount paid by other health insurance, including TPL, for all services reported. **Non-Institutional**: Amount paid by other health insurance, including TPL, for service(s) on this line item.		
Cᴏᴅᴇ/Vᴀʟᴜᴇ Sᴘᴇᴄɪꜰɪᴄᴀᴛɪᴏɴs	N/A		
Aʟɢᴏʀɪᴛʜᴍ	N/A		
Sᴜʙᴏʀᴅɪɴᴀᴛᴇ Aɴᴅ/Oʀ Gʀᴏᴜᴘ Eʟᴇᴍᴇɴᴛs			
Sᴜʙᴏʀᴅɪɴᴀᴛᴇ		**Gʀᴏᴜᴘ**	
N/A		N/A	
Nᴏᴛᴇs Aɴᴅ Sᴘᴇᴄɪᴀʟ Iɴsᴛʀᴜᴄᴛɪᴏɴs: N/A			

Data Element Definition

ELEMENT NAME:	AMOUNT PATIENT COST-SHARE		

Records/Locator Numbers

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-135	1	Yes
Non-Institutional	2-200	Up to 99	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal place.
DEFINITION	**Institutional:** The total amount of money the beneficiary is responsible for paying in connection with covered services, other than any disallowed amounts. **Non-Institutional:** The total amount of money the beneficiary is responsible for paying in connection with covered services, other than the annual fiscal year deductible and any disallowed amounts.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

Subordinate And/Or Group Elements

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

Dᴀᴛᴀ Eʟᴇᴍᴇɴᴛ Dᴇғɪɴɪᴛɪᴏɴ

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ:	Bᴇɢɪɴ Dᴀᴛᴇ Oғ Cᴀʀᴇ		

Rᴇᴄᴏʀᴅs/Lᴏᴄᴀᴛᴏʀ Nᴜᴍʙᴇʀs			
Rᴇᴄᴏʀᴅ Nᴀᴍᴇ	**Lᴏᴄᴀᴛᴏʀ#**	**Oᴄᴄᴜʀʀᴇɴᴄᴇs**	**Rᴇǫᴜɪʀᴇᴅ**
Institutional	1-275	1	Yes
Non-Institutional	2-150	Up to 99	Yes

Pʀɪᴍᴀʀʏ Pɪᴄᴛᴜʀᴇ (Fᴏʀᴍᴀᴛ)	Eight (8) alphanumeric characters, YYYYMMDD.
Dᴇғɪɴɪᴛɪᴏɴ	**Institutional**: Earliest date of care reported on this TED Record. **Non-Institutional**: The earliest beginning date of the provider's services for this procedure.

Cᴏᴅᴇ/Vᴀʟᴜᴇ Sᴘᴇᴄɪғɪᴄᴀᴛɪᴏɴs	YYYY	4 digit calendar year
	MM	2 digit calendar month
	DD	2 digit calendar day

Aʟɢᴏʀɪᴛʜᴍ	N/A

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ Aɴᴅ/Oʀ Gʀᴏᴜᴘ Eʟᴇᴍᴇɴᴛs	
Sᴜʙᴏʀᴅɪɴᴀᴛᴇ	**Gʀᴏᴜᴘ**
N/A	N/A

Nᴏᴛᴇs Aɴᴅ Sᴘᴇᴄɪᴀʟ Iɴsᴛʀᴜᴄᴛɪᴏɴs:
Institutional Record - if the record has a FREQUENCY CODE of '3' Interim, or '4' Final, the BEGIN DATE OF CARE must match (plus or minus 1 day) the ENDING DATE OF CARE on the previous TED Record submitted.

Data Element Definition

Element Name:	CA/NAS Exception Reason		

Records/Locator Numbers

Record Name	Locator#	Occurrences	Required
Institutional	1-180	1	Yes[1]
Non-Institutional	2-320	Up to 99	Yes[1]

Primary Picture (Format)	Two (2) alphanumeric characters[2].
Definition	Code that describes the reason for bypassing the requirement of a CA/NAS.
Code/Value Specifications	All contractors are required to process for CA/NAS for Inpatient Care.
	Residing Within the Catchment Areas of All Uniformed Services Medical Facilities (DD Form 1251 **not required**).

Code	Description
1	Enrollment in an insurance plan that provides primary coverage
2	Emergency medical treatment
3	Inpatient care in a college infirmary
5	Residential Treatment Center
6	Resource Sharing
7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility
9	TRICARE Demonstration Projects that allow exception to CA/NAS requirements.
B	Former spouse with pre-existing condition, not on DEERS.
C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
K	Continued Health Care Benefit Program (CHCBP)
M	Abused Family Member
Q	Active Duty Claims

Notes And Special Instructions:

[1] **Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.**

[2] **When using single digit codes, left justify and blank fill.**

[3] **Reporting sequence to be used if more than one EXCEPTION REASON applies.**

Note: This data element must be BLANK for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME:	CA/NAS EXCEPTION REASON (CONTINUED)		
CODE/VALUE SPECIFICATIONS	S	Home Health Agency (HHA-PPS)	

(CONTINUED)	ORDER[3]	CA/NAS EXCEPTION REASON	DESCRIPTION
	1st	9	TRICARE Demonstration Projects
	2nd	2	Emergency medical treatment
	3rd	1	Enrollment in an insurance plan that provides primary coverage
	4th	3	Inpatient care in college infirmary
	5th	5	Residential Treatment Center care
	6th	6	Resource Sharing
	7th	7	Specialized Treatment Facility, e.g., Alcohol Treatment Facility
	8th	B	Former spouse with pre-existing condition, not on DEERS and CA/NAS required
	9th	C	Issuance of Good Faith Payment when the patient cannot be enrolled on DEERS due to death, inability to locate, etc.
	10th	S	Home Health Agency (HHA-PPS)
	11th	Q	Active Duty Claims
	12th	K	Continued Health Care Benefits Program (CHCBP)
	13th	M	Abused Family Member

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.**
[2] **When using single digit codes, left justify and blank fill.**
[3] **Reporting sequence to be used if more than one EXCEPTION REASON applies.**

NOTE: This data element must be BLANK for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME:	CA/NAS EXCEPTION REASON (CONTINUED)

ALGORITHM N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

[1] Required if applicable to TED Record as defined in CA/NAS Exception Reason Specifications. If not applicable, report blank.

[2] When using single digit codes, left justify and blank fill.

[3] Reporting sequence to be used if more than one EXCEPTION REASON applies.

NOTE: This data element must be BLANK for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME:	CA/NAS REASON FOR ISSUANCE		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-175	1	Yes[1]
Non-Institutional	2-315	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	The CA/NAS Reason For Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility. Download from the Enterprise Wide Referral and Authorization System (EWRAS) (or from hardcopy if attached to claim).
CODE/VALUE SPECIFICATIONS	Submit in same format as DEERS response.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:
[1] **If not applicable report blanks.**

NOTE: **This data element must be blank for Mail Order Pharmacy.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	CA/NAS NUMBER		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-170	1	Yes[1]
Non-Institutional	2-310	Up to 99	Yes[1]

PRIMARY PICTURE (FORMAT)	Fifteen (15) alphanumeric characters.
DEFINITION	Unique number assigned by the MTF when issuing the CA/NAS. Care authorization is also issued by the MTF. Both numbers are carried on the Enterprise Wide Referral and Authorization System (EWRAS). Download from the EWRAS (or from hardcopy if attached to claim).
CODE/VALUE SPECIFICATIONS	Submit in same format as DEERS response.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING INFORMATION

NOTES AND SPECIAL INSTRUCTIONS:

[1] **Required if inpatient care and patient lives within a catchment area. Can be blank if the record is denied for lack of CA/NAS, or TED Record contains treatment data exempt from CA/NAS requirement.**

NOTE: **This data element must be blank for Mail Order Pharmacy.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	CLAIM FORM TYPE/EMC INDICATOR

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-240	1	Yes
Non-Institutional	2-105	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	Code associated with the primary claim form submitted.

CODE/VALUE SPECIFICATIONS	B	DD Form 2642
	C	HCFA Form 1500
	F	UB-92
	G	Electronic Institutional Claim Submission
	H	Electronic Non-Institutional Claim Submission
	I	Electronic Drug Claim Submission
	J	Other

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

This data element must be 'I' for Mail Order Pharmacy Prescriptions.

This data element must be 'J' for Mail Order Pharmacy and Retail Pharmacy Prior Authorizations and Medical Necessity Reviews.

DATA ELEMENT DEFINITION

ELEMENT NAME:	COVERED DAYS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-285	1	Yes

PRIMARY PICTURE (FORMAT)	Three (3) signed numeric digits
DEFINITION	Number of hospital days authorized for all services within the TED Record.
CODE/VALUE SPECIFICATIONS	Enter the number of hospital days where there was any allowance by the contractor. For admit through discharge statements, enter the number of hospital days where there was any allowance by the contractor. For initial, interim or final statement enter the number of allowed days in the period covered by the TED Record.
ALGORITHM	The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day.

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	DATE ADJUSTMENT IDENTIFIED

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-045	1	Yes[1]
Non-Institutional	2-045	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.
DEFINITION	Date the contractor determined an adjustment TED Record was required, not applicable to provisional error correction adjustments to initial submission TED Records[2].

CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar year
	MM	2 digit calendar month
	DD	2 digit calendar day

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Zero fill if TED Record is an initial submission record.**
[2] **If the TED record is solely to correct provisional errors (TED Record Indicator = '1'), do not change the Date Adjustment Identified from that which was reported on the TED record that is being corrected, unless the Date Adjustment Identified is in error.**
[3] **If the TED Record is an adjustment with TED Record Correction Indicator = '2' or '3', the date must be the date as defined in the above data element definition. Do not change this date should the TED Record require an adjustment solely to correct provisional errors at a later date.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	DATE TED RECORD PROCESSED TO COMPLETION		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-040	1	Yes
Non-Institutional	2-040	1	Yes

PRIMARY PICTURE (FORMAT)	Eight (8) alphanumeric characters, YYYYMMDD.
DEFINITION	Date the contractor processed the claim/treatment encounter data to completion. This is when all services and supplies on the claim have been adjudicated, payment has been determined, deductible has been applied, and payment/deductible/denial has been posted to history and the TED record(s). This date does not change for adjustments solely to correct provisionally accepted TED records or resubmissions (corrections to TED records with validity errors) unless previously coded in error.

CODE/VALUE SPECIFICATIONS	YYYY	4 digit calendar year
	MM	2 digit calendar month
	DD	2 digit calendar day

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

Dᴀᴛᴀ Eʟᴇᴍᴇɴᴛ Dᴇꜰɪɴɪᴛɪᴏɴ

Eʟᴇᴍᴇɴᴛ Nᴀᴍᴇ:	**DEERS Dᴇᴘᴇɴᴅᴇɴᴛ Sᴜꜰꜰɪх**		

Rᴇᴄᴏʀᴅs/Lᴏᴄᴀᴛᴏʀ Nᴜᴍʙᴇʀs

Rᴇᴄᴏʀᴅ Nᴀᴍᴇ	Lᴏᴄᴀᴛᴏʀ#	Oᴄᴄᴜʀʀᴇɴᴄᴇs	Rᴇǫᴜɪʀᴇᴅ
Non-Institutional	2-075	1	Yes

Pʀɪᴍᴀʀʏ Pɪᴄᴛᴜʀᴇ (Fᴏʀᴍᴀᴛ)	Two (2) alphanumeric characters.
Dᴇꜰɪɴɪᴛɪᴏɴ	Code maintained on DEERS database that uniquely identifies the patient within the family. Download field from DEERS.

Cᴏᴅᴇ/Vᴀʟᴜᴇ Sᴘᴇᴄɪꜰɪᴄᴀᴛɪᴏɴs		
	01-19	Eligible Dependent Children
	20	Sponsor
	30-39	Spouse of Sponsor
	40-44	Mother of Sponsor
	45-49	Father of Sponsor
	50-54	Mother-in-law of Sponsor
	55-59	Father-in-law of Sponsor
	60-69	Other Eligible Family Members (including former spouse)
	70-74	Unknown by DEERS
	75	Pseudo DDS - Unknown by Contractor
	98	Service Secretary Designee

Aʟɢᴏʀɪᴛʜᴍ	N/A

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ Aɴᴅ/Oʀ Gʀᴏᴜᴘ Eʟᴇᴍᴇɴᴛs

Sᴜʙᴏʀᴅɪɴᴀᴛᴇ	Gʀᴏᴜᴘ
N/A	N/A

Nᴏᴛᴇs Aɴᴅ Sᴘᴇᴄɪᴀʟ Iɴsᴛʀᴜᴄᴛɪᴏɴs:
This data element CAN ONLY be used for TYPE OF SERVICE (SECOND POSITION) = 'M' (Mail Order Pharmacy Drugs, Supplies, Prescription Authorizations, and Reviews). Must be blank except for Mail Order Pharmacy.

DATA ELEMENT DEFINITION

ELEMENT NAME: DEERS IDENTIFIER (PATIENT)			

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-097	1	Yes
Non-Institutional	2-082	1	Yes

PRIMARY PICTURE (FORMAT)	Eleven (11) alphanumeric characters.
DEFINITION	A DEERS identifier created from the combination of the DEERS assigned 9-digit DEERS Family identifier and 2-digit DEERS Beneficiary Identifier. Download from DEERS.
CODE/VALUE SPECIFICATIONS	Positions 1 through 9 = DEERS Family Identifier
ALGORITHM	Positions 10 and 11 = DEERS Beneficiary Identifier (Valid Values are 00 through 99).

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
If person not on DEERS but claim is payable (i.e., government liability), report all nines in this field.

Data Element Definition

Element Name:	DRG Number		

Records/Locator Numbers

Record Name	Locator#	Occurrences	Required
Institutional	1-290	1	Yes[1]

Primary Picture (Format)	Three (3) alphanumeric digits.
Definition	Number identifying the Diagnosis Related Group (DRG) determined for this care.
Code/Value Specifications	N/A
Algorithm	N/A

Subordinate And/Or Group Elements

Subordinate	Group
N/A	N/A

Notes And Special Instructions:
[1] **Required if TED Record is processed under TRICARE/CHAMPUS DRG reimbursement methodology. See TRICARE Reimbursement Manual (TRM), Chapter 6 for DRG information.**